

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16322

4192

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 N. 20th St.			d. STREET ADDRESS (If rural, give location) 21 315 No. 20th Street		

3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)	
		Rosie		Vinson	April 29, 1953	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days
Female	Negro	Widowed		July 2, 1914	38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?
Housework				Sunny Side, Arkansas		U.S.

13a. FATHER'S NAME Allen Willis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allen Willis Jr. 2841 Delmar	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
		Sudden Hemorrhage			
		ANTECEDENT CAUSES			
		Lobar Pneumonia; cause			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		and manner of same could not be determined			
		DUE TO (b)			
		Open Verdict			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. PLACE OF INJURY (Specify)		21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
Verdict		Verdict			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 331X	

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 4-20-53, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gatrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Removal	4-27-53	Oakdale Cemetery		St. Louis County Mo.	
DATE REC'D BY LOCAL REG. APR 23 1953		REGISTRAR'S SIGNATURE Cal Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Metropolitan Funeral System Inc. 5010 Enright Avenue	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Paul V. Freeman

Licensed Embalmer No. *4686*

P. O. Address *4585 Aldine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.